

**SAN BERNARDINO COUNTY  
SUPERIOR COURT**

VENDOR CODE		

COMMENTS (96)							
(24)							
(24)							
(24)							
(24)							

LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 5		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 5		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 5		

(PLEASE TYPE OR PRINT LEGIBLY)

CHECK HERE IF NEW ADDRESS

CLAIM OF \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

CASE NO. \_\_\_\_\_

DEFENDANT \_\_\_\_\_

DATE APPOINTED \_\_\_\_\_

**INVESTIGATOR FEE SCHEDULE**

— Court order of appointment must be attached —

MISDEMEANOR (Effective 7/1/06) ..... \$25.00 per hour

JUVENILE DELINQUENCY (Effective 7/1/06) .... \$25.00 per hour

FELONY ..... \$25.00 per hour

CAPITAL/LWOP ..... \$30.00 per hour

Mileage to be paid at the current Court-approved rate.

DATE OF SERVICE	SERVICE PERFORMED/EXPENSE ITEMIZATION	HOURS	MILEAGE	EXPENSES

Investigator and expert services will be paid according to the Court's current fee schedule. Court order of appointment must be attached to claim. Services must be itemized by date and service rendered, with sufficient description to support the bill for payment. Locations (city) must be specified if mileage and/or travel time is claimed. Original receipts required for reimbursement. Refer to Court's Local Rules Chapter 14 for more information. Additional claim forms and the Court's Local Rules and Appointed Services Fee Schedule are available on the Court's website: [www.sbccounty.gov/courts/](http://www.sbccounty.gov/courts/)

I hereby certify that I have reviewed this billing and that these services were performed at my request. The charges shown are recommended for payment as reasonable and appropriate.

I hereby certify under penalty of perjury that the foregoing claim for services is true and correct (CCP 2015.5), that I was appointed pursuant to applicable California Code for the named client, and that no part of this claim has previously been presented or paid. For investigators: I further certify that I have been continually duly licensed to practice as an investigator in the State of California for the time period claimed above.

I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures.

\_\_\_\_\_ HOURS @ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ MILES @ \_\_\_\_\_ \$ \_\_\_\_\_

EXPENSES ..... \$ \_\_\_\_\_

CLAIM TOTAL ..... \$ \_\_\_\_\_

Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_

Signature of Claimant \_\_\_\_\_ Date and Place \_\_\_\_\_

Verifying Official \_\_\_\_\_ Date \_\_\_\_\_

AUDITOR/CONTROLLER'S APPROVAL FOR PAYMENT: I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the information hereon and the documents attached hereto. All verifications, certification, and checking of computations required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY AUDITOR/CONTROLLER BY \_\_\_\_\_

DATE \_\_\_\_\_

DOCUMENT ID:

PV

TRANS DEPT.

PV NUMBER

DOCUMENT TOTAL

\$

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## INVESTIGATOR AND EXPERT SERVICES CLAIM